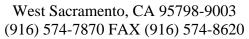


CEMETERY AND FUNERAL BUREAU

P.O. Box 989003





REQUEST FOR CHANGE OF CEMETERY SALESPERSON LICENSE TRANSFER REINSTATEMENT

\$25.00 FEE

Φ23.00 FEE							
Last Name First Middle Initial License Number							
First	First			Middle Initial		License Number CES	
,	City	у			State CA	Zip Code	
	Social	Security Nur	Number Date of		of Birth		
SECTION B: LICENSE CURRENTLY READS							
Name of Employing Broker (Enter the Broker's name not the business name)					Broker's License Number		
Ci	City				State CA	Zip Code	
SECTION C: CHANGE LICENSE TO							
Name of New Employing Broker (Enter the broker's name not the business name)					Broker License Number		
	City			State CA	Zip Code		
ferent from above)	Ove) City				State CA	Zip Code	
Telephone Number of Broker Fax Number for Broker							
Name of Broker's Contact Person (For questions regarding this application) Telephone Number					of Contact Person		
SECTION D: APPLICANT CERTIFICATION							
I certify under penalty of perjury under the laws of the State of California that the answers given in this application are true and correct, and that if licensed I will not violate any provisions of the Cemetery Act, nor misuse the privileges of the registrant.							
Signature of Applicant Date							
SECTION E: BROKER CERTIFICATION							
I hereby certify under penalty of perjury under the laws of the State of California that I am a licensed Cemetery Broker. I request the Cemetery and Funeral Bureau issue to the person named in this application a license as Cemetery Salesperson in my employ. I certify that if a license is issued, I will exercise a careful supervision over the salesperson's cemetery activities while so employed.							
Signature of Employing Broker Date							
Amount Cashier					Receipt Nur	mber	
	RRENTLY READS The Broker's name not the busine CENSE TO (Enter the broker's name not the laws of the State of Calions of the Cemetery Act, nor state amed in this application a licer ne salesperson's cemetery activer.	PPLICANT First City Social RRENTLY READS r the Broker's name not the business name) City CENSE TO (Enter the broker's name not the business name) Center the broker's name not the business name)	PPLICANT First City Social Security Num RRENTLY READS r the Broker's name not the business name) City CENSE TO (Enter the broker's name not the business name) City Fax Num () () () CERTIFICATION Ger the laws of the State of California that the answers ions of the Cemetery Act, nor misuse the privileges of the Cemetery Act, nor misuse the privileges of the State of California that I am amed in this application a license as Cemetery Salespene salesperson's cemetery activities while so employed.	PPLICANT First City Social Security Number RRENTLY READS r the Broker's name not the business name) City City City City Fax Number for Brol () Telephone I () CERTIFICATION for questions regarding this application) Telephone I () CERTIFICATION for the laws of the State of California that the answers given in this a joins of the Cemetery Act, nor misuse the privileges of the registrant. Date RTIFICATION for jury under the laws of the State of California that I am a licensed Ceramed in this application a license as Cemetery Salesperson in my em he salesperson's cemetery activities while so employed. The port of the control	PELICANT First Middle Initial City Social Security Number Date of the Broker's name not the business name) City Cense TO City City City Fax Number for Broker () () Center the broker's name not the business name) City Fax Number for Broker () Center the broker's name not the business name) City Fax Number for Broker () Center the broker's name not the business name) City Fax Number for Broker () Center the laws of the State of California that the answers given in this application ions of the Cemetery Act, nor misuse the privileges of the registrant. Date Contact	First Middle Initial License N CES City State CA Social Security Number Date of Birth RRENTLY READS City State CA City State CA City State CA CENSE TO City State CA Ca City State CA CA Ca City State CA CA Ca City State CA CA Ca Ca City State CA Ca	

Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405 (c)(2)(c)) authorizes the collection of your Social Security Number (SSN). The disclosure of your SSN is mandatory. The information will be used exclusively for tax enforcement purposes and for purposes of compliance with Section 11350.6 of the Welfare and Institutions Code. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you. Questions regarding this requirement must be directed to the Franchise Tax Board: So. California (800) 852-7050, No. California (800) 852-5711, or Sacramento at (916) 369-0500.